

<b>Case Number:</b>	CM14-0038033		
<b>Date Assigned:</b>	04/02/2014	<b>Date of Injury:</b>	09/18/2006
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Podiatry, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 67 year-old female who reported an injury on 09/18/2006 and the mechanism of injury was blunt trauma. The current diagnosis is right ankle capsulitis. The injured worker received the injury in 2006 and has chronic pain and numbness to her right foot. The clinical note from 01/24/2014 revealed the injured worker complained of right knee pain and spasm with loss of range of motion and the pain level was 8/10. On examination, the injured worker has pain on palpation, taunt muscles/spasms of the right knee as well as sensory loss in the right lower extremity specifically in her right foot. The treatment plan included and injection of Celestone and Lidocaine into the right knee with reassessment in 2 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **CORTICOSTEROID INJECTION OF THE RIGHT ANKLE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

**Decision rationale:** CA MTUS/ACOEM Guidelines indicate that invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of

corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. The documentation provided fails to indicate if the injured worker has received conservative treatment for the ankle in the past few months and there are no records of current diagnostic study to indicate why the corticosteroid injections would be necessary. Therefore the request for corticosteroid injections of the right foot is not medically necessary.